



2020

Participant Enrollment Packet



FCMM Benefits & Retirement
901 E. 78th Street
Minneapolis, MN 55430-1300
(800) 995-5357
fcmm@fcmmbenefits.org

TABLE OF CONTENTS

Please complete all required forms, as well as any optional forms you choose, and submit them to your employer. Once FCMM processes your enrollment, you will receive the “FCMM Participant Welcome Packet” via email. For your review, a copy of our Privacy Notice is located at the end of this packet.

Required Forms

Participant Enrollment Application (Form 01)♦.....1

This form contains required personal information. On it, the employer specifies the employee class to which you belong. An employer or church official’s signature is required on this form.

Participant Beneficiary Designation (Form 02).....3

This form designates the individuals who will receive your account balance under the FCMM Retirement Plan upon your death. This form must be completed by all participants.

Investment Selection Form (Form 03)*5

This form indicates where contributions made on your behalf will be invested. On this form, you must specify investment choices and may agree to a voluntary salary deferral contribution from your paycheck. An employer or church official’s signature is required on this form.

♦Non-US citizens must also complete Form 01F as part of the application process. Email FCMM to request Form 01F.

*Additional forms may be needed based on investment selection(s).

Resources

Investment Option Descriptions (Form 31).....8

This informational form explains the investment strategy of each option. It also has a brief description of the multiple retirement benefit options that FCMM offers.

Optional Forms

Third Party Disclosure Authorization (Form 12).....9

This form is used to grant permission to FCMM to discuss your account details with a specific third party – such as a spouse, financial advisor, or power of attorney. FCMM is unable to share your account information with anyone but you if this authorization is not on file at FCMM.

Have other retirement plans to move?

FCMM is able to accept funds from your other plans via a direct rollover or transfer. The form is available on our website at www.fcmmbenefits.org/documents.

- **FORM 08 – Transfer/Rollover to FCMM 403(b)**

This form is used to initiate the movement of funds from a 403(b), 401(k), 457(b), pension plan, or IRA. A Signature Guarantor Stamp, usually available from a local bank, may be required on this form.

FORM 01: PARTICIPANT ENROLLMENT APPLICATION

Use this form with your initial enrollment in the FCMM Retirement Plan or when you change sponsoring employers.

Return this completed form to your employer.

You have received this form because your employer has deemed you to be eligible to participate in the FCMM 403(b)(9) Retirement Plan (The "Plan"). FCMM is a defined contribution plan that is designed as a "church plan" under IRS Code section 414(e) and as an Internal Revenue Code section 403(b)(9) (the "Code") retirement income account. For details of the eligibility requirements and how your employer has agreed to contribute on your behalf, please refer to your Employer's Adoption Agreement. For information about the Plan and its provisions, please refer to the FCMM Summary Plan Description found on our website: www.fcmmbenefits.org

Check this box if you already have an FCMM account through a previous employer.

STEP 1: Personal Information

Full Legal Name: _____ Gender: Male Female

City and State of Birth (include country if outside the US): _____

Job Title: _____ Date of Birth: _____

Are you a U.S. Citizen? YES NO* Country of Residence: _____

*To be considered for enrollment, non-US citizens must also review, sign, and submit Form 01F, available upon request by email fcmm@fcmmbenefits.org

Social Security Number (SSN): _____ **OR**

Taxpayer Identification Number (TIN): _____ **AND** Country of Issue: _____

Home Address: _____
Street City State Zip Code

Phone Numbers: _____
Home Cell

Email Address: _____
(NOTE: The email address you provide above will be used by FCMM to correspond with you about your retirement account and any other relevant financial information or activity.)

Marital Status: Single Married Widowed Divorced

Spouse's Full Legal Name: _____
First Middle Last

Spouse's Social Security No.: _____ Spouse's Date of Birth: _____
Month Day Year

STEP 2: Housing Allowance

Are you eligible as a minister according to IRS guidelines to receive a housing allowance from your employer?

Yes No

STEP 3: Eligibility Requirements

Please select one of the criteria below:

- I am an Employee of a church or organization that has adopted the FCMM Retirement Plan.
- I am an Employee of the EFCA National Office.
- I am an EFCA ReachGlobal or EFCA ReachNational Missionary. (Indicate employment status below.)
 - Primary Employee Spouse Employee
- If not employed in a category above:** I am an ordained or licensed minister in full-time ministry, credentialed by the EFCA, and presently serving in a position that meets the eligibility requirements of Section 3.1(g) of the FCMM Retirement Plan Document. I certify that I function as a minister in my day-to-day responsibilities with the organization and that I will not actively participate in any non-FCMM defined contribution plan of my employer.

FORM 01: PARTICIPANT ENROLLMENT APPLICATION (PAGE 2)

STEP 4: Employee Signature

By signing below, I acknowledge that I have read and understand the information on this Participant Enrollment Application and certify all supplied information to be true and correct. I understand that my participation in the FCMM Plan shall continue in force and effect until: a) my retirement, b) my termination of employment or from eligible service, c) my death, d) the employer's cancellation of its agreement with FCMM, or e) the termination of the FCMM Plan. If I am a non-US citizen, I understand that I must also submit Form 01F with my enrollment application.

Employee Signature _____

Date _____

STEP 5: Employer Information



This section must be completed by the EMPLOYER per its Employer Adoption Agreement.

Employer Name: _____

Employer Address: _____
Street City State Zip Code

Date of most recent Employer Adoption Agreement: _____

Employee's Contribution Class[♦]: _____ Hire Date: _____

Based on our most recent Adoption Agreement, this employee is eligible for the following (Check all that apply):

Employer Contributions

Employer MATCH of Employee Contributions (Employee must indicate a Salary Deferral % or \$ amount under STEP 4 of Form 03)

Employee Salary Deferral Contributions (Employee must indicate a Salary Deferral % or \$ amount under STEP 4 of Form 03)

! ALL employees working 20 hours or more per week OR 1000 hours or more per year are eligible to participate in the Plan via Employee Salary Deferral Contributions unless otherwise specified on your Employer Adoption Agreement.

[♦]*Please refer to your Employer Adoption Agreement to determine the employee's Contribution Class.*

By signing below, I certify that this applicant is eligible to participant in the FCMM Retirement Plan according to the information noted above:

Signature of Employer Representative

Printed Name of Employer Representative

Email Phone

STEP 6: Form Submission

Employer, please submit this completed form to FCMM by mail or secure file exchange.

Mail:
FCMM Benefits & Retirement
901 East 78th
Street, Minneapolis, MN 55420

Secure File Exchange:
<https://fcmmbenefits.leapfile.net/>

A copy of FCMM's Privacy Notice can be found at fcmmbenefits.org

For FCMM Office Use Only

FCMM Depositor #: _____ Received Date: _____ Processed by: _____ Processed Date: _____

FORM 02: PARTICIPANT BENEFICIARY DESIGNATION

Designate the individuals whom you wish to receive your account balance under the FCMM Retirement Plan upon your death. This form must be completed by all participants. Please send the completed form to FCMM and keep a copy for your records.

PLEASE READ: If you name an entity [e.g. charity or trust] as a beneficiary, your account balance payable to that beneficiary will be distributed in the form of a single lump sum as soon as administratively feasible, but no later than 12/31 of the year following your death. When naming a Trust as your beneficiary, FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, listing of Beneficiaries, and signature page.

STEP 1: PERSONAL INFORMATION

Participant's Full Legal Name: _____

Social Security Number (Last 4 digits): _____ Birthdate: _____

Marital Status: Single Married Divorced Widowed

STEP 2: PRIMARY BENEFICIARY DESIGNATION(S)

Notwithstanding the above, **your current (and future) marital status has significant impact on your legal beneficiary under the terms of the Plan.** If you are currently single and marry at a future date, your new spouse will automatically become your Primary Beneficiary subject to the requirements in the Plan document.

A participant's divorce shall revoke any beneficiary designation in favor of the participant's spouse made prior to the divorce. Until a new beneficiary designation form is filed with FCMM, benefits will be payable as if the former spouse had predeceased the participant.

Spouse as PRIMARY Beneficiary

If you are married, your spouse must be the sole Primary Beneficiary with a 100% designation unless your spouse approves otherwise, signs the waiver on page 2, and has his or her signature notarized.

To My Spouse _____, if living at the time of my death. **Designation:** _____ %*
(Spouse's Full Legal Name)

Spouse's SSN: _____ Spouse's Birthdate: _____

Other(s) as PRIMARY Beneficiary(s) (Complete only if spouse is not sole Primary Beneficiary)

If you are married and your spouse is not the sole Primary Beneficiary with a 100% designation, your spouse must approve "Other(s) as PRIMARY Beneficiaries", sign the waiver on page 2, and have his or her signature notarized.

Name: _____ SSN: _____ Birthdate: _____ Designation: _____ %*

Address: _____ Relationship: _____

Name: _____ SSN: _____ Birthdate: _____ Designation: _____ %*

Address: _____ Relationship: _____

Name: _____ SSN: _____ Birthdate: _____ Designation: _____ %*

Address: _____ Relationship: _____

Please choose Per Stirpes or Per Capita to apply to the "Other(s) as PRIMARY Beneficiary(s)" listed above:

Per Stirpes: Any deceased Primary Beneficiary's share shall pass to his/her children OR

Per Capita: Any deceased Primary Beneficiary's share shall be divided equally among my surviving Primary Beneficiaries.

*Total of all Primary Beneficiary designations must equal 100%.

FORM 02: PARTICIPANT BENEFICIARY DESIGNATION (PAGE 2)

STEP 3: CONTINGENT BENEFICIARY(S) (Completion of Parts A-C is Required)

Part A

In the event the Primary Beneficiary does not survive you, your account balance will be divided among the Contingent Beneficiaries per your designations below. Total Designations must equal 100%.

- I would like to indicate my children named in Part B and my future lawful living children, as my CONTINGENT Beneficiary(s)
- Default Designation: Equal Shares
 - Other Designation (must indicate designation percent per person in Part B below)
- I would like to indicate the individual(s) named in Part B as my CONTINGENT Beneficiary(s)
- Default Designation: Equal Shares
 - Other Designation (must indicate designation percent per person in Part B below)

Part B

Please complete the information below for each **CONTINGENT Beneficiary**. Designated share of benefit will be "equal shares" for all Contingent Beneficiaries, unless otherwise specified. **Attach an additional page if needed.**

Name: _____ SSN: _____ Birthdate: _____ Designation: _____%*

Address: _____ Relationship: _____

Name: _____ SSN: _____ Birthdate: _____ Designation: _____%*

Address: _____ Relationship: _____

Name: _____ SSN: _____ Birthdate: _____ Designation: _____%*

Address: _____ Relationship: _____

**If specifying share of benefit, the total of all Contingent Beneficiary designations must equal 100%*

Part C - Please choose Per Stirpes or Per Capita to apply to the CONTINGENT Beneficiary(s) listed in Part B:

- Per Stirpes:** Any deceased Contingent Beneficiary's share shall pass to his or her children **OR**
- Per Capita:** Any deceased Contingent Beneficiary's share shall be divided equally among my surviving Contingent Beneficiaries.

STEP 4: SIGNATURE

- I certify that I am NOT married I certify that I am married

Signature

Date

STEP 5: SPOUSAL CONSENT & NOTARIZATION (if applicable)

*(This step is only required if you are married and your spouse is **not** the sole Primary Beneficiary with a 100% designation.)*

I, _____, consent to the beneficiary designation made by my spouse. I understand with this consent

Printed Name of Participant's Spouse

that I hereby waive the payment of any survivor death benefit available to me under this Plan unless a new designation is completed and delivered to FCMM.

Spouse Signature: _____ Date: _____

Printed Name Notary Public: _____ Notary Public's Signature: _____

Notary Date & Seal: _____

Your beneficiary designation is subject to the terms of the Plan and is not effective until accepted and approved by FCMM.

A copy of FCMM's Privacy Notice can be found at fcmmbenefits.org

Please submit this completed form to FCMM by mail or secure file exchange. (Please keep a copy for your records.)

Mail: _____ Secure File Exchange: <https://fcmmbenefits.leapfile.net/>

FCMM Benefits & Retirement
901 East 78th Street
Minneapolis, MN 55420

FOR FCMM USE ONLY: FCMM Depositor: _____ Received Date: _____ Processed by: _____ Processed Date: _____

FORM 03: INVESTMENT SELECTION FORM

Use this form to:

- Authorize your employer to deduct salary deferral contributions from your paycheck OR to stop deductions, if any.
- Indicate investment selections for Retirement Contributions

Return this completed form to your employer

STEP 1: Personal Information

Full Legal Name: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____
MM / DD / YYYY City State (Country if outside US)

Address: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

(NOTE: The email address you provide above will be used by FCMM to correspond with you about your retirement account and any other relevant financial information or activity.)

Employer Name: _____ City, State: _____

STEP 2: Housing Allowance

Are you eligible as a minister according to IRS guidelines to receive a housing allowance from your employer?

- Yes No

STEP 3: Review Contribution Types

- The **EmployER Contribution** amount is determined by your employer and is specified in your Employer's Adoption Agreement (Form 20). It is NOT withheld from your paycheck. By definition, it is a "tax-deferred benefit". **(Please refer to STEP 5 of your enrollment form (Form 01) to determine eligibility for Employer or Employer Matching contributions)**
- **EmployEE Pre-Tax Deferral Contributions** are deducted from your Gross Income each pay period (i.e. PRIOR to taxes being withheld) and reduce your taxable income. Your employer must report the annual total(s) of your deferrals in box 12 of your W-2.
- **EmployEE Roth Deferral Contributions** are deducted from your income each pay period (i.e. AFTER taxes have been withheld). Roth deferrals do not reduce your taxable income. Your employer must report the annual total(s) of your deferrals in box 12 of your W-2.

STEP 4: Choose EmployEE Salary Deferral Contribution Types and Amounts (if any)

! ONLY complete this section if you will be making voluntary salary deferral contributions from your paycheck or stopping deferrals. By completing STEP 4 and signing this form, you authorize your employer to deduct amounts from your paycheck according to your specific choice(s) indicated below. You may change your choice(s) or stop your salary deferrals by submitting a new Form 03 to FCMM.

<input type="checkbox"/> PRE-TAX I hereby authorize my employer to deduct from my paycheck: \$ _____ OR _____%* PER PAY PERIOD on a PRE-TAX basis up to the IRS annual deferral limit.	<input type="checkbox"/> ROTH I hereby authorize my employer to deduct from my paycheck: \$ _____ OR _____%* PER PAY PERIOD on a ROTH basis up to the IRS annual deferral limit.	I hereby wish to STOP the following deductions from my paycheck. I reserve the right to contribute at a later time. <input type="checkbox"/> STOP ALL DEFERRALS <input type="checkbox"/> STOP PRE-TAX DEFERRALS <input type="checkbox"/> STOP ROTH DEFERRALS	<input type="checkbox"/> NO CHANGE I do not wish to change my deferral type(s) or amount(s) at this time. My salary deferral contributions will continue according to the information currently on file with FCMM.
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* Percentages are based on compensation. FCMM defines compensation as cash-salary plus housing allowance and other amounts excludable from gross income. See the FCMM Plan Document for more information.

FORM 03: INVESTMENT SELECTION FORM (PAGE 2)

Know Your Limits

IRS Code Sections 402(g) and 415(c) Contribution Limits

No more than *the lesser* of \$57,000 or 100% of your includible compensation (housing allowance is excluded) can be invested in the Plan for 2020. Within this amount you can elect to defer \$19,500 of your annual compensation as salary deferral contributions. In 2020, a participant age 50 or older can make salary deferral contributions up to \$6,500 above these limits. These limits apply to the total of all contributions to all 403(b) and 401(k) plans participated in and are adjusted annually by the IRS.

STEP 5: Choose Your Investments

PART A – Select where you want your contributions invested.

The investment allocation below is **new** or **replaces** my allocations currently on file.

Use my investment allocation *currently on file* with FCMM. (Skip to STEP 6)

NOTE: Refer to Form 31 for descriptions of each investment Option

_____ % applied to FCMM Lifetime Fund (**Option C**)*

*Transfers of Option C funds are limited to once per year before age 59 ½

_____ % applied to FCMM Managed Stock Fund (**Option D**)

_____ % applied to FCMM Managed Bond/Income Fund (**Option E**)

_____ % applied to American Funds (**Option F**)

Please also complete Form 04: PARTICIPANT INVESTMENT SELECTION—AMERICAN FUNDS

_____ % applied to Vanguard Funds (**Option G**)

Please also complete Form 05: PARTICIPANT INVESTMENT SELECTION—VANGUARD FUNDS

_____ % applied to Adjustable Rate Investment Certificate with CIF (**Option H**)

Please also complete Form 06: PARTICIPANT INVESTMENT SELECTION—CHRISTIAN INVESTORS FINANCIAL (CIF)

_____ % applied to Self-Selected Mutual Funds – Biblically Responsible Funds (**Option J**)

Please also complete Form 07: PARTICIPANT INVESTMENT SELECTION—BIBLICALLY RESPONSIBLE FUNDS.

_____ % Total must equal 100%

PART B – Indicate to which contribution type(s) the investment allocation applies

The investment allocation in STEP 5A, can apply to one or more of the Contribution Types made to your FCMM account. Please select the types of contributions for which the investment allocation in 5A applies.

 If no box is checked, the form will apply to ALL contribution types made to your account.

Apply investment allocations in PART A to ALL contribution types made to my FCMM Retirement Plan account.

OR

The allocations in PART A only apply to the following contribution type(s):

- Employer contributions
- Employee pre-tax salary deferral contributions
- Employee Roth salary deferral contributions

NOTE:

If you want each contribution type invested differently, you must check the applicable box to the left and submit a separate copy of this page for each contribution type.

FORM 03: INVESTMENT SELECTION FORM (PAGE 3)

STEP 6: Employee Signature

By signing below, I am authorizing the amount(s) indicated in **STEP 4** of this form to be *withheld from my paychecks* and paid by my employer into my FCMM account. I am also authorizing all contributions indicated on this form to be invested as specified in **STEP 5** of this form. I further understand that this investment election will remain in force until: a) revoked or modified by me through written request to FCMM, b) my retirement, c) my termination of employment or from eligible service, d) my death, e) my employer's cancellation of its agreement with FCMM, or f) the termination of the FCMM Plan.

Employee Signature

Date

STEP 7: Employer Acknowledgement



This section must be completed by your EMPLOYER

The employer agrees to deduct the requested salary deferrals, as indicated in **STEP 4** of this form, and remit the salary deferral contributions to FCMM as soon as reasonable for the proper administration of the Plan. (An example of a reasonable time is 15 business days following the month in which contributions are withheld from an employee's paycheck.) If **STEP 4** indicates a request to STOP all deferrals, the Employer agrees to cease salary deferral deductions from the employee's paycheck as soon as administratively feasible. The Employer signature below acknowledges receipt and acceptance of this agreement.

NOTE: All checks must come from the Employer. FCMM cannot receive personal checks.
Membership becomes effective upon receipt of first employer check.

Name of Employer Representative

Email Address

Signature of Employer Representative

Date

STEP 8: Form Submission

A copy of this form must be submitted to both the employer's payroll department and to FCMM.

Submit this completed form to FCMM by mail or by using our secure file exchange.

Mail:
FCMM Benefits & Retirement
901 East 78th Street
Minneapolis, MN 55420

Secure File Exchange:
<https://fcmmbenefits.leapfile.net/>

A copy of FCMM's Privacy Notice can be found at fcmmbenefits.org

For FCMM Office Use Only

FCMM Depositor #: _____ Received Date: _____ Processed by: _____ Processed Date: _____

FORM 31: INVESTMENT OPTION DESCRIPTIONS

The FCMM Retirement Plan is a 403(b)(9) church retirement income account plan, administered in accord with the tenets and polity of the Evangelical Free Church of America. Information on Fees (Form 41) and Performance (Form 40) is available at www.fcmmbenefits.org.

INVESTMENT OPTIONS

FCMM Lifetime Fund (Option C)

This collective fund is managed by investment advisers selected and overseen by the Trustees of FCMM with an investment strategy designed to build steady, consistent long-term performance through a professionally designed asset allocation plan. The rate is 4% in 2020. This rate is determined by the Trustees of FCMM and may be positive or negative in any Plan Year. At retirement time, one may apply the full value of this fund towards a Monthly Income Benefit ("annuity"). If funds are withdrawn as lump sum(s), a Fair Market Value adjustment will be applied if the accrued value is greater than current market value. Because of the long-term nature of this Option, funds in Option C can be transferred to other Options only once in 12-month period. FCMM funds do not directly invest in securities in which the corporate entity is recognized by FCMM to have significant involvement in products, services, or activities that are incompatible with the moral and ethical tenets and values of the Evangelical Free Church of America. These positive values include pro-family and pro-life matters, and exclude substantial investment in industries of beverage alcohol, tobacco, pornography, gambling, and abortion.

FCMM Managed Stock Fund (Option D)

This fund is comprised of a diversified stock portfolio managed by investment advisors selected and overseen by the Trustees of FCMM. It is generally more aggressive in approach than Option C, with fund values reflecting market gains and losses. It offers the potential of a greater average return over the years while also carrying more risk and volatility. FCMM funds do not directly invest in securities in which the corporate entity is recognized by FCMM to have significant involvement in products, services, or activities that are incompatible with the moral and ethical tenets and values of the Evangelical Free Church of America. These positive values include pro-family and pro-life matters, and exclude substantial investment in industries of beverage alcohol, tobacco, pornography, gambling, and abortion.

FCMM Managed Bond/Income Fund (Option E)

This fund invests in a broadly diversified bond portfolio of short, intermediate and long-term municipal, federal, foreign and high-quality corporate bonds, and other income investments. It is managed by investment advisors selected and monitored by the Trustees of FCMM. Option E can gain or lose value depending on the economic climate. For the investor who would like some portion to track with the bond market, this fund provides the opportunity to do so without requiring specific choices. FCMM funds do not directly invest in securities in which the corporate entity is recognized by FCMM to have significant involvement in products, services, or activities that are incompatible with the moral and ethical tenets and values of the Evangelical Free Church of America. These positive values include pro-family and pro-life matters, and exclude substantial investment in industries of beverage alcohol, tobacco, pornography, gambling, and abortion.

Self-Selected Mutual Funds (Options F, G & J)

These options allow a participant to allocate contributions to mutual fund choices managed by American Funds (Option F), Vanguard Funds (Option G) and/or Biblically Responsible Funds (Option J: Timothy Plan Funds and GuideStone Funds). FCMM employs an investment adviser for complementary consultation for those investing in American Funds or Biblically Responsible Funds. Vanguard Funds are best utilized by the highly engaged investor or one who retains the service of an adviser. Timothy Plan Funds and GuideStone Funds are screened to avoid investment in abortion, pornography, alcohol, tobacco, casino gambling, anti-family entertainment, and alternative lifestyles.

Adjustable Rate Investment (Option H)

This option allows participants to invest in an adjustable interest rate Investment Certificate with Christian Investors Financial ("CIF"). The rate can be adjusted by CIF the first of any month. CIF provides real estate loans to EFCA affiliated churches and ministries, so in addition to earning a competitive rate of interest and providing for capital preservation, your investment dollars in this option will also help expand EFCA ministries. Prospective Investors should refer to CIF's current Offering Circular (<https://christianinvestors.org/403b>) for risk factors and other information needed to make an informed investment decision. Current interest rate information is available at www.ChristianInvestors.org, listed in "Rates" as 403(b)(9).

Eligible clergy participants may benefit from the "housing allowance" tax benefit on retirement benefits paid from any of the above investment fund selections.

CONTRIBUTION TYPES

Employer Contributions

Employer contributions are considered “tax deferred” by the IRS and thus do not appear on an employee’s Form W-2. Such contributions become subject to taxes when an individual begins to draw on his or her Plan account at retirement, unless eligible for exclusion as “housing allowance.” A participant can choose to have these funds deposited into any of the Options and in whichever percentage breakdown he or she chooses.

Employer contributions can be invested in all available investment options.

Employee Contributions

All participants in the Plan are allowed to defer a portion of their salaries. This is done through a Salary Deferral Arrangement whereby a certain amount is withheld from one’s salary and sent on by the employer to FCMM. This money can be treated as tax deferred or Roth. Clergy do not have to pay either income or social security taxes (SECA) on a tax deferred contribution amount and can receive distributions from the Plan designated as “housing allowances” in retirement. Lay staff participants do not have to pay income taxes on tax deferred salary deferrals now. Such amounts will be taxed when distributed from the Plan. Lay staff does pay FICA taxes on these funds.

Employees may designate all or a portion of their salary deferral contributions as Roth contributions. Roth contributions are taxed when deferred to the Plan but such amounts and earnings thereon are distributed tax-free if the distribution request occurs at least 5 calendar years after the initial Roth contribution was made and the participant is age 59 ½ or older.

Employee contributions can be invested in all available investment Options.

IRS CODE SECTIONS 402(G) AND 415(C) CONTRIBUTION LIMITS

The lesser of \$57,000 or 100% of includible compensation (housing allowance is excluded) can be invested in the Plan for 2020. Within this amount a participant can elect to defer \$19,500 of annual compensation as salary deferral contributions. In 2020, a participant age 50 or older can make salary deferral contributions up to \$6,500 above these limits. These limits apply to the total of all contributions to all 403(b) and 401(k) plans participated in and are adjusted annually by the IRS.

RETIREMENT BENEFIT OPTIONS

The Retirement Plan offers several methods for the participant to received accumulated funds. They include in-plan Monthly Income Benefit (“annuity”), recurring monthly cash withdrawals, one-time or occasional cash withdrawals, and cash withdrawals to meet IRS Required Minimum Distributions. See Form 36 Monthly Income Benefit Description at www.fcmmbenefits.org for more information.

FORM 12 - THIRD PARTY DISCLOSURE AUTHORIZATION

Use this form to authorize FCMM to discuss your account with a third party OR to stop an authorization.

Participant's Social Security Number : _____

Full Legal Name of Participant: _____
First Middle Last

Current Address: _____
Street City State Zip Code

Phone Numbers: _____
Primary Alternate

Email Address: _____

I, the undersigned, hereby **AUTHORIZE** the FCMM Retirement Plan to disclose and discuss my account information including, but not limited to, its value and the investment & benefits options available to me with the following person:

Name of Third Party: _____
First Middle (if known) Last

- Relationship*: Spouse
 Financial Counsel: Company: _____
 Power of Attorney (Attach POA documentation)
 Other (Please specify): _____

AUTHORIZATION START Date: _____ **Authorization End** Date: _____

This authorization will remain in force during the dates specified above or until revoked or modified by me through written request to the Trustees of FCMM.

Participant's Signature: _____ **Date:** _____

*FCMM may require third party to verify your identifying information before disclosing account information.

I, the undersigned, hereby **CANCEL AUTHORIZATION** for the FCMM Retirement Plan to disclose or discuss account information with the following person:

Name of Third Party: _____
First Middle (if known) Last

Authorization End Date: _____

Participant's Signature: _____ **Date:** _____

Please submit this completed form to FCMM by mail or secure file exchange.

Mail:
 FCMM Benefits & Retirement
 901 East 78th
 Street, Minneapolis, MN 55420

Secure File Exchange:
<https://fcmmbenefits.leapfile.net/>

A copy of FCMM's Privacy Notice can be found at fcmmbenefits.org

For FCMM Office use only

Account #: _____ Verified _____ Received Date: _____ Recorded by: _____